## Instructions for Completing FORM SPO-H-206D BUDGET JUSTIFICATION TRAVEL - OUT OF STATE

Applicant/Provider:	Enter the Applicant's legal name.					
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.					
Date Prepared	Enter the date this justification was prepared.					
NAME OF EMPLOYEE & TITLE	Enter name and/or position title for individual(s) who will be traveling.					
DESTINATION	Enter destination and purpose of travel (e.g., training, provision of services, etc.) Travel must be directly related to the program.					
NO. DAYS	Enter the estimated number of days of travel.					
PER DIEM A	Enter the per diem or subsistence amount requested (i.e., per diem rate multiplied by the number of days of travel.) Per diem should be based on the applicant's per diem policy and should not exceed the maximum allowed by the state purchasing agency.					
AIR FARE B	Enter the cost of airfare. First-class travel is not allowed.					
TRANSPORTATION C	Enter the estimated cost of ground transportation, based on the applicant's ground transportation policy.					
TOTAL	Enter column totals for columns A, B and C and the total travel cost (A+B+C). If the purpose of travel relates to two or more programs, costs for the per diem or subsistence, airfare, and taxi/bus/car should be prorated in accord with a cost allocation method approved by the state purchasing agency.					
JUSTIFICATION/ COMMENTS:	Explain need for travel, for delivery of this service activity. Attach additional sheets, if necessary. Prior approval from the state purchasing agency is needed for out-of-state travel.					

## **BUDGET JUSTIFICATION TRAVEL - OUT OF STATE**

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): <u>DHS-97-001</u> Period: <u>07/01/95</u> to <u>06/30/96</u> Date Prepared: <u>02/14/95</u>

			NO	PER DIEM	AIR	TO ANODODI ATION	TOTAL
NAME OF EMPLOYEE & TITLE	DESTINATI	ON	NO. DAYS	OR SUBSISTENCE A	FARE B	TRANSPORTATION C	TOTAL A+B+C
NAME OF LIMITEOTEE & TITLE	DESTINATI		DAIS	Λ		- C	ATDTO
4. Many Conitle Duagrams Diverse	Darkland Orange (	Tue in in al	,	455	400	00	025
1 Mary Smith, Program Director	Portland, Oregon (	raining)	4	455	400	80	935
		<del>-</del>		455	400		225
2 Patrick Lau, Case Manager	Portland, Oregon (	Training)	4	455	400	80	935
3							
4							
5							
		<b>5A</b>	IVI	PLE			
				<del> </del>			
TOTAL:				<b>\$040</b>	<b></b>	6400	¢4 070
TOTAL:			8	\$910	\$800	\$160	\$1,870

## JUSTIFICATION/COMMENTS:

1. and 2. = To attend the national conference on client advocacy, presenting the nation's foremost advocacy experts and to make a presentation on Hawai'i's advocacy programs.